

## Animal care declaration

Section A: General	information				
Purpose of this declaration	All animals who are required to isolate at the Post-Entry Quarantine facility must complete the Animal Care declaration. This declaration must be completed and signed by:				
	<ul> <li>the person in charge of the animal (importer, as listed on the import permit) and</li> </ul>				
	<ul> <li>the government-approved veterinarian preparing the animal for import into Australia.</li> </ul>				
SECTION B - D	<ul> <li>Must be completed by the person in charge for each animal undergoing post-entry quarantine.</li> </ul>				
SECTION E - G	<ul> <li>Only required if the animal has a medical condition or requires medication during their quarantine period. These sections must be completed by the government approved veterinarian.</li> </ul>				
Before completing	Ensure that you understand your responsibilities as the:				
this declaration	<ul> <li>person in charge of the animal</li> </ul>				
	<ul> <li>government-approved veterinarian.</li> </ul>				
	Read <u>Cats and dogs travelling to Australia with special care requirements</u> and the relevant <u>step-by-step guide for importing cats and dogs into Australia</u> .				
To complete this declaration	<b>Electronically</b> You need the latest version of Adobe Acrobat Reader to save changes to this form on your computer or device. Download the <u>Adobe Acrobat Reader mobile app</u> for your smartphone or tablet.				
	Electronic or digital signatures will be accepted.				
	Manually Use black or blue pen Print in BLOCK LETTERS Scan the document				
To submit the declaration	The importer must upload the completed form to the animal's <u>Post Entry Biosecurity</u> <u>System</u> reservation.				
	Ensure that the information contained in this declaration is current at the time of the animal's arrival in Australia.				
	For any queries regarding this form, please contact post-entry quarantine at PEQservices@aff.gov.au				

## Section B: Person in charge of the animal (importer)

#### 1 Importer

2

No

Yes

tle	Given name	Family name	
nail		Australian phone number	
ave you aske	ed an authorised agent to act on your	behalf while your animal is in Australian pos	st-entry quarant

3 Australian emergency contact details for importer or nominated authorised agent (if same as question 1, insert AS ABOVE)

Contact details must be valid for the entire post-entry quarantine isolation period. These details will be used in the event of a veterinary emergency.

Family name
ustralian phone number

### Section C: Animal details

To be completed by the importer named in section B.

- 4 Species (dog or cat)
- 5 Name of animal
- 6 Age (in years/months)

7 Breed

- 8 Weight or normal weight range
- 9 Will the animal be pregnant at the time of import into Australia?



10 Microchip number (Must be 9, 10 or 15 digits, ISO compatible and not start with the prefix '999')

#### 11 Import permit number

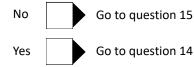
### 12 What is your animal's behaviour with new people and a new environment?

Friendly
Anxious
Scared/Stressed
Prefer females / males (please circle)

Is there anything we should know about your animals behaviour? Please include information about formal training and/or general temperament.

#### The Post Entry Quarantine facility provides a premium branded dry and wet food to all animals.

#### 13 Does this animal require a special diet?



#### 14 Details of special diet

It is the importer's responsibility to supply any special diets at least 2 weeks before the animal arrives at the postentry quarantine facility.

Pet food must be sourced from Australia. For delivery instructions, see Special diets.

Food name Quantity/Frequency		Reason for diet (e.g. allergies)		

List the type of diet and quantities to be fed:

# 15 Do you consent to the use of Nutrigel/Nutripet or Energel if required, to stimulate eating after arrival at Post Entry Quarantine?

No	
Yes	

## Section D: Declaration of person in charge of the animal

#### To be completed by the importer named in section B.

I declare that the information I have provided is true and correct. I understand that it is a criminal offence under the *Criminal Code Act 1995* to knowingly give false or misleading information to a Commonwealth officer exercising powers under Commonwealth law. This offence carries a maximum penalty of 12 months' imprisonment.

If I have nominated an authorised agent in section B, I declare that I have given them permission to:

- receive information about the animal identified in section C
- authorise private veterinary treatment if required.

I have informed the authorised agent about their responsibilities and functions. I understand that I am responsible for all costs associated with private veterinary treatment.

I have read and understood the privacy notice and Privacy Policy.

Signature (type or sign your name)	Date (dd/mm/yyyy)	
Full name		

## SECTION E, F & G IS ONLY TO BE COMPLETED IF YOUR ANIMAL HAS A MEDICAL CONDITION OR REQUIRES MEDICATION WHILST IN QUARANTINE.

### IF THIS DOES NOT APPLY TO YOUR ANIMAL, END THE FORM HERE.

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### Section E: Government-approved veterinarian

To be completed by the government-approved veterinarian preparing the animal for import into Australia.

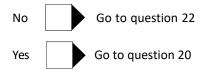
### 16 Government-approved veterinarian

	Title	Given name(s)		Family name		
	Email					
17	Name of veterinary	practice				
18	Address of veterina	ry practice				
	Street address		State/territor	y	Postcode	
	Suburb/town/city		Email			

## Section F: Medication and/or special care requirements

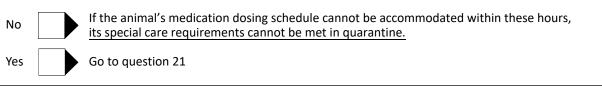
To be completed by the government-approved veterinarian listed in section E.

### 19 Will the animal named in section C require medication during the quarantine period?



Country

### 20 Does this animal's medication dosing schedule fall between the daytime hours of 08:00 and 16:00?



### 21 List current medications (attach more pages if necessary)

Unless an import permit is provided for the medication, all medications and/or veterinary therapeutics from overseas will be destroyed on completion of the animal's quarantine period.

Diagnosis	Medication (active ingredient and product name)	Dose	Route of administration	Frequency
Example: Epilepsy	Phenomav (Phenobarbitone) 100mg	1 tablet twice daily	Oral	AM & PM

#### 22 Further information regarding medical condition (if required)

### Section G: Declaration of government-approved veterinarian

To be completed by the government-approved veterinarian named in section E.

I declare that:

• I have read and considered the general advice provided on the Cats and dogs travelling to Australia with special care requirements web page.

• I have examined the animal identified in section C of this form, reviewed the animal's medical history and considered all relevant risks relating to the animal's conditions and health status in the context of international travel and quarantine.

• I have discussed the relevant risks with the person in charge of the animal, and the person in charge understands the

risks. I have read and understood the privacy notice and Privacy Policy.

Date (dd/mm/yyyy)

### Section H: Privacy notice

'Personal information' means information or an opinion about an identified individual, or an individual who is reasonably identifiable. 'Sensitive information' is a subset of personal information and includes any information or opinion about an individual's racial or ethnic origin, political opinion or association, religious beliefs or affiliations, philosophical beliefs, sexual preference or practices, trade or professional associations and memberships, union membership, criminal record, health or genetic information and biometric information or templates.

Personal information is collected under the Biosecurity Act 2015 is defined as 'protected information'.

By completing and submitting this form you consent to the collection of all protected information contained in this form.

The Department of Agriculture, Water and the Environment collects protected information, including personal and sensitive information, in relation to this declaration as required under the Biosecurity Act for the purposes of dealing with an application to bring or import goods into Australia and related purposes.

The department may disclose the protected information requested in this form to Australian, state or territory government agencies, or other persons or organisations where necessary for the purposes described, provided the disclosure is consistent with relevant laws, particularly the Biosecurity Act and the *Privacy Act 1988*.

Protected information collected by the department will only be used or disclosed as authorised under the Biosecurity Act and the Privacy Act. The protected information in this form will be used and stored in accordance with Australian Privacy Principles.

See the department's <u>Privacy Policy</u> to learn more about accessing or correcting personal information or making a complaint. Alternatively, telephone the department on +61 2 6272 3933.

